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Wilts County Council.

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The General Education Committee.

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# ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

for the year

**1936.**



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# Wilts County Council.

## GENERAL EDUCATION COMMITTEE.

*To the Chairman and Members of the Education Committee of the Wilts County Council.*

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit my Eighteenth Annual Report on the work of the School Medical Service in the Administrative County of Wilts.

Although there was a prolonged vacancy in the whole-time Medical staff the work of the School Medical Service was not interrupted to any great extent as we were able to obtain the part-time services of Dr. Joan Hickson, of Chippenham, for the greater part of this period.

The Dental staff remained the same as for 1935.

The post of Instructress in Remedial Exercises which had been vacant since the end of the previous year was filled by the appointment of Miss J. M. Morris, C.S.M.M.G., who took up her duties in June, 1936.

There has been no change during the year amongst the part-time consultants at clinic or hospital work for school children.

The general results of the year's working have been satisfactory and the high standard of cleanliness which has been reached is most encouraging. On the other hand it is peculiarly unfortunate that whilst we are beginning to be concerned with regard to malnutrition the Milk Marketing Board's Milk Scheme is showing signs of serious falling off which may lead to its collapse unless it is placed on a sound basis.

In accordance with the suggestion of the Board, the present report omits for the most part, description of arrangements which are unchanged since last described.

I am,

Your obedient Servant,

CLAUDE E. TANGYE,

County School Medical Officer.

County Offices,  
Trowbridge,  
April, 1937.



## ELEMENTARY SCHOOLS.

### SCHOOL STATISTICS.

According to the figures of the 1931 Census, the area and population within the jurisdiction of the Wilts Education Authority is 851,974 statute acres, with a population of 214,512 persons. The number on the rolls of the Elementary Schools in December, 1936, was 24,931 and the average attendance 22,739. The number of schools embraced in the County scheme is 285, with 304 departments. There are 224 Voluntary Schools, including 236 departments, and 61 Council Schools with 68 departments. The enrolment of the Voluntary Schools is 16,510 and of the Council Schools 8,421.

Schools with enrolment of	50 and under	.....	.....	125
„ „ „ „	51—100	.....	.....	81
„ „ „ „	101—150	.....	.....	27
„ „ „ „	151—200	.....	.....	30
„ „ „ „	201—250	.....	.....	9
„ „ „ „	over 250	.....	.....	13
				<hr/> 285 <hr/>

The largest separate department is Purton C. E. School with an enrolment of 404. The smallest school is East Kennett, with an enrolment of 9.

### 1. STAFF.

During the year there was one change only, affecting the Medical Staff. Dr. I. B. Lawrence succeeded Dr. C. H. T. Wade in September. It was found necessary to obtain temporary assistance before the arrival of Dr. Lawrence, and Dr. Joan Hickson, of Chippenham, was employed for this purpose on a part-time basis.

Miss J. M. Morris succeeded Miss L. S. Rolleston as Instructress in Remedial Exercises, and commenced duties in June.

### 2. CO-ORDINATION WITH PUBLIC HEALTH SERVICE.

School medical work is performed by practically the same staff as that engaged in public health work, and the same administration is common to both. Moreover, the Mental Deficiency Committee's Executive Officer is Dr. Lowe, who is also Deputy County Medical Officer. Thus co-ordination in the County is secured though the three branches are under separate Government departments.

Since the passing of the Local Government Act, 1929, co-ordination with the Public Assistance medical service has become every year more close. This service is one of the responsibilities of the County Medical Officer, and the fact that it is administered in common with all the other medical services of the County Council is one of the many benefits arising from that Act.

### 3. SCHOOL HYGIENE.

Reports as to the condition of the premises are submitted by the Medical Inspectors as they visit the various schools in their areas. The following summary shows the nature of the defects reported.

#### NON-PROVIDED SCHOOLS.

(a) Cases in which defects have been remedied during 1936.

Berwick St. John	.....	.....	Sanitation and playground defective.
Bishops Fonthill	.....	.....	No water supply on school premises.
Bishopstone (Wilton)	.....	.....	Smoke nuisance from defective stove, and defective ventilation.

Colerne .....	No water supply on school premises.
Easterton .....	Unsatisfactory offices.
Everleigh .....	Stove in infants' room and ventilation of boys' urinal unsatisfactory.
Farley .....	Defective office accommodation.
Great Cheverell .....	Unsatisfactory heating arrangements.
Heywood .....	Unsatisfactory offices.
Lacock .....	Defective urinals.
Landford .....	Sanitation unsatisfactory. Gulley trap outside cloakroom blocked. Ceiling in large classroom damp in one corner.
Langley Burrell .....	Smoking stove.
Laverstock .....	Heating and boys' urinal defective.
Lydiard Tregoze .....	Defective stove in infants' room.
Nettleton and Burton .....	Insufficient office accommodation for girls.
North Wraxall .....	Defective stove in infants' room.
Seend .....	Buckets and catchpit not emptied sufficiently often. Defective floor and inadequate water supply.
Sherston .....	Sanitation and ventilation defective.
Standlynch with Charlton-All-Saints .....	Inadequate fireguard.
Stockton .....	Defective block floor (replaced by boards).
Stratford-sub-Castle .....	Unsatisfactory arrangements for refuse disposal.
Sutton Mandeville .....	Sides of well defective.
West Ashton .....	Defective stove in infants' room.
Winterbourne Bassett .....	Leaking roof.
Wootton Bassett C.E. ....	Insufficient number of girls' closets.

(b) At the following schools the Managers have partially remedied the unsatisfactory conditions, but the defects indicated still remain to be dealt with.

Broughton Gifford .....	Disposal of earth closet contents unsatisfactory.
Charlton Park .....	Insufficient number of girls' closets. In absence of piped supply, rain water butt required to collect water for cleaning.
Chute .....	Method of water supply primitive.
Cricklade Mixed .....	Unsatisfactory playground.
Crudwell .....	Boys' urinal subject to blocking by stones from playground.
Hullavington .....	Defective playground. Small asphalted area for drill has been provided.
Kington St. Michael .....	Defective lighting in large classroom.
Crockerton (L. Deverill) .....	Unsatisfactory playground.
Maiden Bradley .....	Defective surface of boys' playground. Outside walls and guttering need repair.
Market Lavington .....	Smoking stove in infants' room.
Minety Silver Street .....	Proper accommodation for storing coke desirable.
Newton Toney .....	Window sash cords broken.
Oaksey .....	Ventilation of large classroom inadequate.
Sutton Benger .....	Defective surface of playground.
Trowbridge Parochial .....	Insufficient wash basins.
Tilshead .....	Defective playground.
Zeals .....	Offices require lime-washing.

(c) Cases in which the Managers have not yet undertaken the necessary improvements.

Alton Barnes .....	No water supply on school premises.
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Ashton Keynes .....	Playground and ventilation of cloakroom unsatisfactory.
Baydon .....	Defective natural lighting in infants' room.
Bishopstone (Highworth) .....	Unsatisfactory ventilation of boys' offices and cloakroom.
Bradford-on-Avon Christ Church .....	Defective inlet pipe from drainage inspection chamber in playground.
Dilton Marsh C.E. ....	Insufficient girls' offices (one additional required).
Ludgershall Mixed .....	Leaking ceilings in classrooms. Unsatisfactory seats in earth closets. No accommodation for drying wet clothes.
Netheravon .....	Unsatisfactory surface of playground.
Shalbourne .....	Two leaking ventilators in roof.
Stanton St. Bernard .....	Plaster falling from walls and roof of large classroom.
Warminster Newtown .....	Insufficient closets.
Winterslow .....	Defective ventilation.
Wootton Rivers .....	Defective playground.

#### PROVIDED SCHOOLS.

(a) Cases in which the Committee have adopted the recommendations of the School Medical Officer and in which the defects have been remedied during 1936.

Bromham .....	Defective stoves in infants' and senior rooms. Blocked drains.
Chisledon .....	Defective artificial lighting.
Dilton Marsh .....	Defective stove in infants' room.
Grittleton .....	Defective stoves and lavatory flush.
Haydon Wick .....	Smoking stove in large classroom.
Hilmarton .....	Insufficient heating.
Idmiston, Gomeldon .....	Defective stove.
Ramsbury .....	Smoking stove.
West Dean .....	Overcrowding.
Wootton Bassett .....	Disposal of dry refuse.

(b) Cases where the Committee are about to take action on the defects reported

Warminster Close .....	Lack of cloakroom accommodation. This work will be put in hand during the summer holidays.
Ludwell .....	Insufficient closet accommodation. (The sub-committee have decided to undertake the work recommended by the County Architect to remedy this defect.)

#### Footwear.

The following statistics as to the provision of a change of footwear for children arriving at school with wet feet have been compiled from the Head Teachers' annual returns :—

*Schools in which slippers or stockings are provided :—*

Supply adequate .....	143	(132)
Supply inadequate .....	10	(3)
<i>Schools in which children are encouraged to bring their own change of footwear :—</i>		
Those where there is a satisfactory response by parents .....	76	(84)
Those where there is a supply of footwear for children otherwise unprovided .....	63	(62)
<i>Schools in which no change of footwear is available .....</i>	12	(14)
	<hr/> 304	<hr/> (305)

The figures in brackets are those for the previous year.



## **Baths.**

The only school equipped with baths is the Trowbridge Adcroft Boys' School, and it is understood that good use is made of them.

## **School Furniture.**

During 1936, 1,517 desks were supplied as compared with 547 in 1935. These were distributed between approximately 108 schools. The type supplied has been a dual table desk with horizontal surface with two separate chairs. These are supplied in six different sizes to fit the following age groups:—infants, age 5; older infants; children aged 8-10; children aged 11-13; children aged 14, and children over 14.

It is anticipated that by the end of the financial year all long backless desks in use for ordinary seating purposes in the schools will be replaced.

There will still be a large number of rigid dual desks of a very old type in use in the schools which it is impossible, for financial reasons, to replace at present.

The number of new blackboards supplied to various schools was 47 as compared with 26 in 1935. The renovation of blackboards takes place every two years.

## **4. MEDICAL INSPECTION.**

A routine inspection was held in every school in the area, also a subsequent re-inspection of all children where this was required.

The age groups selected for inspection are those laid down by the Board of Education. The total number of children inspected in these groups, quite apart from re-inspections, which number 12,215, was 8,820, as against 9,648 in the previous year, and 8,942 in 1934.

## **5. FINDINGS OF MEDICAL INSPECTION.**

Tables IIa. and IIb. appended, give the summary of the findings of Medical Inspection, and Table V. gives a similar summary of the findings of school nurses on their inspections. The two sets of results may be conveniently considered here together.

(a) **Malnutrition and Neglected Children.** The number of cases of malnutrition requiring treatment was 1,107, as compared with 998 in 1935. Eighty-eight cases of defective clothing and footwear were found as against 115 in 1935.

(b) **Uncleanliness.** The number of cases discovered by Assistant School Medical Officers was 31, and by nurses 801, as against 63 and 1,013 respectively during the previous year, and 27 and 1,266 during 1934. The annual total continues to show a decline.

(c) **Minor Ailments and Diseases of the Skin.** One hundred and ninety minor ailments, apart from skin complaints, were discovered in medical inspection. This figure compares with 216 in 1935.

Tables IIa. and V. give the statistics of cases of ringworm, and other skin conditions discovered by doctors and nurses respectively. The total number of cases of ringworm was 75 and impetigo 537. The number of cases of ringworm shows a decrease of 37 as compared with the previous year, and most of the cases found were of a slight nature and easily curable. The number of cases of impetigo shows a decrease of 19 compared with the previous year.

(d) **Visual Defects and External Eye Disease.** (i) Medical examinations revealed 739 cases of defective vision and squint, and examinations by nurses 19, comparing with 668 and 27 in 1935.

(ii) On inspection by doctors, 119 cases of external eye disease were discovered, whilst nurses reported 127. These figures compare with 135 and 121 in 1935.



(e) **Nose and Throat Defects.** Three hundred and thirteen children were found by the Assistant School Medical Officers suffering from enlargement of tonsils and adenoids, rendering operation desirable. The number in 1935 was 275, and the comparative percentages of the total number of children examined in the two years were 3.55 in 1936, and 2.85 in 1935.

(f) **Ear Disease and Defective Hearing.** Amongst children medically examined, 61 were found suffering from ear disease and 23 from defective hearing. Nurses discovered one case of ear disease and one of defective hearing.

(g) **Dental Defects.** The five Dental Officers found 10,148 children requiring treatment as against 9,884 in the previous year.

(h) **Orthopaedic and Postural Defects.** Five hundred and forty-four cases of deformity of various degrees were discovered by Assistant School Medical Officers during the year. This number includes cases of crippling due to tuberculosis, and cases of severe crippling.

(i) **Heart Disease and Rheumatism.** A total of 144 children was found on medical examination to be suffering from heart disease, either functional or organic.

(j) **Tuberculosis.** No child was found as a new case suffering from pulmonary tuberculosis, but four from crippling conditions due to tuberculosis of the joints or bones, and six from tuberculous glands were discovered.

(k) **Other Defects and Diseases.** Two hundred and forty-five children were discovered by the Assistant School Medical Officers to be suffering from defects or diseases not enumerated above.

## 6. FOLLOWING UP.

The card index system and nursing organisation are used to the full extent to ensure that children receive necessary care and treatment. There are always cases where parental carelessness and neglect tend to baffle every effort, but co-operation with the N.S.P.C.C. and with local influence reduces the problem of neglected children to manageable proportions.

*School Nursing.* Eight of the whole-time nurses inspect 81 schools, one devoting all her time to this work, and 77 district nurses act as part time school nurses for the remaining 204 schools. The following is a summary of the distribution of the district nurses' school work:

12	district nurses inspect each	1	school
30	„ „ „	2	schools
19	„ „ „	3	„
9	„ „ „	4	„
3	„ „ „	5	„
4	„ „ „	6	„

In every case the School Nurses accompany the Assistant School Medical Officers at their annual medical inspections, and in addition pay at least two visits each term for the purpose of following up. The Nurses also pay many special visits at the request of the Head Teachers or as necessity may arise.

## 7. MEDICAL TREATMENT.

(a) **Malnutrition.** Of the 8,288 children medically examined during the year in the routine age groups, 1,721 or 20.8 per cent. were found to be slightly under-nourished, whilst 552, or 6.6 per cent., were classed as badly under-nourished. Of these, 1,107 were recommended for treatment.



Figures in the form given were first provided at the Board's suggestion for the year 1935, when the percentage of slightly under-nourished children was 21.1 as compared with 20.8, and the percentage of badly under-nourished children 6.2, as compared with 6.6.

These figures do not, of course, represent the total number of under-nourished children in the schools, there being many who are kept under observation and treatment from this point of view year after year, who are not included in this year's tables because they do not come within the routine age groups for inspection.

During the two winter terms, cod liver oil emulsion is supplied free of cost for under-nourished children whose parents in the opinion of the Head Teacher are unable to provide it themselves. There are similar arrangements for the provision of milk for children, for whom it is considered preferable or who are unable to take cod liver oil, and all who have had either free supplies of emulsion or milk during the winter continue to receive milk during the summer terms. The supplies of milk for under-nourished children are usually arranged under the Milk Marketing Board's Scheme for the provision of cheap milk for normal children, details of which are given on pages 20 and 21, under the heading "Milk in Schools Scheme."

Children receiving treatment by milk or cod liver oil are presented for inspection each time the Medical Inspector visits the school to ensure that free supplies are not continued longer than is really necessary.

The total number of children for whom treatment was arranged during the year was 2,763, compared with 2,434 in 1935. One thousand four hundred and six children received cod liver oil—869 boys and 537 girls in 244 departments compared with 1,719 children in 269 departments in 1935. One thousand three hundred and fifty seven children received free milk—716 boys and 641 girls in 209 departments. The figures for 1935 were 715 children in 145 departments.

The classification of children as under-nourished is a matter from which it is impossible to exclude the personal equation of the Medical Inspector, but, even with this in mind, it is not easy to be satisfied with the present position. There is a definite general increase in children for whom free milk or other treatment is recommended and arranged, and, in some areas, the number of children reported as under-nourished is well above the average for the County. In this connection, the re-organisation of schools cannot be disregarded as a factor having both good and evil possibilities. The opportunity for provision of meals on an economical basis at a centre where satisfactory accommodation and equipment are available is a great advantage, but the children of poor parents living at a distance, who cannot afford the modest cost of the mid-day meal are in a worse position where such meals are provided than they were when they attended their own village school. These children have only the poor lunches packed by their mothers before they are sent on their daily excursion to the central school and these lunches are eaten whilst their more fortunate companions are enjoying a really excellent hot mid-day meal. The whole subject of nutrition in this County requires a survey, particularly in view of the possible collapse of the Milk in Schools Scheme. The new campaign for physical culture cannot succeed amongst the under-nourished, and, indeed, may do more harm than good. The County Education Committee has never made formal provision for free meals under Section 84 of the Education Act, 1921, but the question is arising whether such action should not be considered.

(b) **Uncleanliness.** The number of children who received attention on account of uncleanliness was 832, compared with 1,078 in 1935 and 1,318 in 1934. The figures for uncleanliness continue to show a decline.

No cleansing stations are provided by the Education Authority, and the cleansing of children can therefore be carried out only in their homes. The school nurses give demonstrations and advice to mothers on the matter and provide special combs at cost price to mothers who desire them. The number of combs sold in this way during the year was 28, as compared with 52 in 1935.

Exclusions were made in 157 cases during the year, as compared with 153 cases in 1935.



Three prosecutions were undertaken by the Education Committee under the School Attendance Bye-laws. Parents were fined 7/6 each in two instances and in the third 5/-.

The average number of visits per annum by the school nurses to each school should, according to the adopted rules, be at least six. In very few schools were the visits less in number, and many nurses make a practice of visiting monthly.

(c) **Minor Ailments and Diseases of the Skin.** (i) The majority of minor ailments has been treated by school nurses at school with the necessary ointments, etc., which are supplied free for this purpose. Simple outfits of dressings and ointments are supplied to Head Teachers in order that prompt attention may be given to cuts and abrasions which may occur between the visits of the nurse.

(ii) Almost all the cases of ringworm, scabies and impetigo discovered in schools have received treatment through school nurses with requisite ointments, etc. The general arrangement for treatment of skin trouble continues to work quite well. Altogether 333 children were excluded from school for various periods on account of skin disease by the medical and nursing staff. Details of those excluded by Head Teachers are given on page 19.

During 1935 arrangements were made and approved by the Board of Education, for children to receive X-ray treatment for otherwise intractable ringworm at the Central School Clinic Bristol. Five children received such treatment during the year.

(d) **Visual Defects and External Eye Disease.** The number of cases refracted by the County Ophthalmic Surgeons was 773, whilst 20 were refracted by private practitioners or otherwise. Glasses were prescribed by the County Ophthalmic Surgeons in 657 cases, and actually provided before the end of the year in 558 cases. The Curry Fund gave assistance towards the purchase of glasses in 126 of the 558 cases mentioned.

In 12 cases glasses were obtained privately.

No school child in any part of the County need ever lack skilled ophthalmic care, from the ordinary services for which eye clinics have been established throughout the County to the most delicate treatment provided at special hospitals.

\* A total of 296 external eye defects was treated by the County Ophthalmic Surgeons, nurses under medical supervision, or in hospitals. In addition 5 cases were treated privately.

The following cases were admitted for operation or other treatment to the hospitals mentioned.

**Bath Eye Infirmary.**

Choroiditis.	.....	.....	.....	.....	1
Chronic Blepharo Conjunctivitis	.....	.....	.....	.....	1
Interstitial Keratitis	.....	.....	.....	.....	1
Obstructed Naso Lachrymal ducts	.....	.....	.....	.....	1
Phyctenular Kerato Conjunctivitis	.....	.....	.....	.....	2
Strabismus	.....	.....	.....	.....	7
Treatment of eye socket	.....	.....	.....	.....	1

**Salisbury General Infirmary.**

Blepharitis.	.....	.....	.....	.....	1
Conjunctivitis	.....	.....	.....	.....	2
Dermoid	.....	.....	.....	.....	1
Epiphora	.....	.....	.....	.....	1
Investigation of tear duct	.....	.....	.....	.....	1
Strabismus	.....	.....	.....	.....	2

**Swindon and North Wilts Victoria Hospital.**

Cataract	.....	.....	.....	.....	2
Probing of ducts	.....	.....	.....	.....	1
Strabismus	.....	.....	.....	.....	5



(e) **Nose and Throat Defects.** A total of 302 children was operated upon under the established County Council scheme, and 24 privately, for tonsils and adenoids. The majority of these cases was recommended direct from the schools by the Assistant School Medical Officers and all had the concurrence of the family practitioners, and, of course the parents' full consent.

In addition to these, a further 191 tonsil and adenoid operations were performed after examination by the aural surgeons of children referred to their clinics for conditions not obviously due to diseased tonsils on examination at school (see section "f") and such conditions included deafness and running ears, and were, in the great majority of cases, cured by operation.

The total number of tonsil and adenoid operations was thus 493, as compared with 387 in 1935, 424 in 1934, and 443 in 1932. Operations are only arranged when they appear definitely necessary and their results are carefully watched and recorded, the object being to limit the work to necessary cases and to be as sure as possible that it is effectively performed.

(f) **Ear Disease and Defective Hearing.** One hundred and twenty-four cases of ear disease, including defective hearing, were noted during the course of routine medical inspection, apart from the simple cases of tonsils and adenoids referred to in section (e). Only 78 of the 124 cases were however, recommended for immediate treatment and were referred to the Ear, Nose and Throat Clinics.

The total number of children examined by the Aural Surgeons during the year was 436, but this number, of course, included many children who had been reported previously and those who had been under treatment for some time and attended for periodical review. The number thus examined was, however, 103 greater than in 1935 whilst the attendances for the two years were 984 and 669 respectively. This increase was mainly in the Trowbridge area, but at each centre, with the exception of Swindon, where the number was one less, more children were examined than during 1935.

The cases examined are summarised in the following table and it will be noted that 321 operations were advised and 252 (including 191 tonsil and adenoid operations referred to in section (e)), carried out at the hospitals with which the County Council has arrangements. The numbers in 1935 were 201 operations recommended and 143 performed. A proportion of the operations arranged during the year were, of course, recommended towards the end of the previous year and there is no direct comparison between the operations advised during the year and those actually carried out.

CENTRE.	No. of children examined.	RECOMMENDED FOR OPERATION					OPERATIONS PERFORMED.					OTHERWISE TREATED.		Attendances at Out-Patient Clinics.
		(i)	(ii)	(iii)	(iv)	(v)	(i)	(ii)	(iii)	(iv)	(v)	Without Operation.	In addition to Operation.	
Malmesbury	22	6	2	10	2	3	7	1	4	2	.....	.....	3	23
Salisbury	89	.....	6	39	.....	3	.....	4	43	2	2	13	6	165
Savernake	20	1	5	8	2	4	.....	3	4	1	.....	1	7	31
Swindon	114	.....	3	38	3	9	.....	2	34	—	8	17	8	241
Trowbridge	191	12	12	102	15	36	10	4	75	14	32	16	43	524
TOTAL	436	19	28	197	22	55	17	14	160	19	42	47	67	984

(i) Tonsils.      (ii) Adenoids.      (iii) Tonsils and Adenoids.      (iv) Mastoid.      (v) Other.



(g) **Dental Defects.** The following Table gives the relative amount of work done in the areas allocated to the five County Dental Officers respectively :—

**AGE GROUPS.**

AREA.	3	4	5	6	7	8	9	10	11	12	13	14	15	Total.
<b>Northern :</b>														
Inspected	12	61	180	237	221	223	258	248	194	188	206	35	2	2,065
Referred	6	33	134	201	197	191	231	203	145	137	151	30	6	1,666
Treated	4	23	115	165	158	150	197	161	121	111	125	28	6	1,364
Specials	1	2	9	8	9	7	12	4	8	5	10	5	5	85
<b>Southern :</b>														
Inspected	12	82	324	326	343	358	345	351	318	304	285	45	1	3,094
Referred	4	60	263	279	319	314	307	281	237	228	223	34	1	2,550
Treated	4	39	194	212	231	247	227	190	155	140	130	15	1	1,785
Specials	1	.....	1	.....	1	.....	.....	.....	1	.....	1	.....	.....	5
<b>Eastern :</b>														
Inspected	13	76	269	254	300	277	284	312	247	229	241	49	1	2,552
Referred	1	41	187	195	242	223	239	229	184	154	174	31	.....	1,900
Treated	1	24	142	159	214	185	204	207	155	131	146	30	.....	1,598
Specials	.....	.....	.....	.....	1	1	2	.....	1	.....	1	.....	.....	6
<b>Western :</b>														
Inspected	40	137	390	292	270	292	313	253	224	189	188	28	.....	2,616
Referred	22	95	229	258	253	274	269	230	196	166	158	22	.....	2,172
Treated	7	68	162	180	173	215	212	178	156	134	123	18	.....	1,626
Specials	16	31	51	27	27	38	21	28	30	47	36	15	2	369
<b>Central :</b>														
Inspected	10	56	240	258	211	261	231	247	188	233	224	44	.....	2,203
Referred	6	40	200	226	182	240	218	206	147	182	173	40	.....	1,860
Treated	4	28	148	204	175	202	171	165	106	141	134	30	.....	1,508
Specials	.....	9	25	16	20	32	33	21	25	26	25	7	.....	239

The following is the report of Mr. W. H. Liebow, Senior County Dental Officer:—

“I have pleasure in submitting my seventh Annual Report on the Dental Scheme.

“Dental inspection and treatment of children attending the elementary schools in the County is the primary duty of the Dental Staff and represents the greater proportion of the work carried out by five whole time Dental Officers. The time spent on work, other than elementary school work, increases each year, but it is usually possible to carry out this work during school holidays and Saturday mornings, to avoid too much interference with the routine school visits.

“All elementary school children are embraced by the Dental Scheme and the work performed includes all branches of dentistry, particular care being paid to the preservation of the permanent teeth. As much time as possible is devoted to conservation of the temporary teeth, but it is invariably found that there is such an enormous amount of caries of permanent teeth to be dealt with, that comparatively little time can be devoted to temporary teeth other than extraction.

“The main object of a school dental scheme is to ensure that each child should leave school possessing a complete, healthy dentition and should have acquired a knowledge of how to retain this condition. The fact that 2,272 permanent teeth were extracted during the year shows that we are still some way from perfection. A few of these permanent teeth were removed for regulation purposes or to avoid overcrowding, but the majority have had to be extracted because of sepsis. The chief reason for the presence of so many septic permanent teeth is the long period between the dental visits to the schools. A healthy permanent tooth can become a septic root in six months and the period between dental visits is approximately nineteen months. The appointment of an additional dental officer has been approved and this should



"help considerably in reducing the interval between school visits. This additional appointment  
 "should be considered as a part only of a scheme of progressive expansion, having, as its ultimate  
 "aim, annual dental inspection and treatment if necessary of all elementary school children.

"The childrens' knowledge of the importance of dental hygiene varies tremendously in different  
 "schools. In schools where dental hygiene is regularly taught, the cleanliness of the mouths is  
 "striking when compared with others where no instructions are given. At some schools  
 "tooth brush drill is practised, in spite of many difficulties, such as cost of brushes, lack of facilities  
 "for storing them and unsuitable lavatory accommodation. It is also observed that these children  
 "who become 'tooth conscious' show little fear of the dentist and make good patients. All these  
 "efforts entail extra work for the teachers but they are amply repaid in benefit to the general  
 "health of the children. The Dental Officers take every opportunity to point out the importance  
 "of dental hygiene by giving short talks to the children and by lectures to Women's Institutes, etc.  
 "If parents would understand that clean teeth do not decay and that the habit of cleansing the  
 "teeth is easily impressed on young minds, the incidence of dental decay would be much reduced.

"The Dental Officers examined 13,234 children compared with 12,963 for the previous year.  
 "Of these, 10,148 children were found to require treatment. Omitting the number of specials  
 "examined and treated, the percentage of children found to require treatment at the routine school  
 "visits is 75 per cent. This is the same percentage as in two previous years and a decrease must  
 "not be expected until the children are examined and treated at much shorter periods. Unfort-  
 "unately, dental decay does not cease after treatment.

"Of the children found to require treatment, 7,881 were actually treated under the County  
 "Scheme. This represents a percentage of 77 and is again the same as the previous year. The  
 "following shows the percentage of children actually treated in the various areas. The figures  
 "in brackets are those for the preceeding year :

<i>Area.</i>				<i>Percentage accepting treatment.</i>			
Northern	.....	.....	.....	.....	.....	82	(82)
Southern	.....	.....	.....	.....	.....	70	(69)
Eastern	.....	.....	.....	.....	.....	84	(82)
Western	.....	.....	.....	.....	.....	75	(76)
Central	.....	.....	.....	.....	.....	81	(78)

"The percentage of parents who accept treatment for their children compares very favourably  
 "with school work generally. The reasons given by parents who refuse treatment are many and  
 "varied. The chief excuse is that the teeth do not ache. These parents do not realise that a septic  
 "tooth may not give pain but may, nevertheless, be detrimental to the general health. Another  
 "common excuse is that the child will receive treatment by a private dentist. As the majority  
 "of parents of elementary school children cannot afford regular treatment by private practitioners,  
 "the promised visit seldom occurs and the number of elementary school children who receive  
 "regular treatment by private dentists is remarkably low. Some parents, hoping to save their  
 "children suffering, postpone treatment until pain forces them to ask for attention, by this time  
 "the mouths, in many cases, are in such a condition that the only remedy is extensive extraction.  
 "When parents are approached by the Health Visitor or District Nurse, many of them can be  
 "persuaded to accept advice and treatment, but there are others who cannot be convinced that  
 "their attitude is in any way injurious to the health and happiness of their children. There is  
 "no doubt that the influence of the head teacher is of great assistance in encouraging children to  
 "accept treatment. This help, which is so readily given in spite of many other duties, is greatly  
 "appreciated by the Dental Staff.

"The work done can be examined under Table IV., Group V., and shows an increase in every  
 "section, with the exception of administrations of general anaesthesia, which has fallen from 110  
 "in the previous year to 75. This depends to a large extent on the individual dental officers pre-  
 "ference and, to some extent, on the difficulty of arrangements in a rural area, as it requires the  
 "attendance of two dental officers. The number of temporary teeth filled shows a slight decrease



"of four, but the number of permanent teeth filled has increased by 207. The number of teeth extracted has increased by 1,049.

"Five children have been provided with regulation appliances in order to correct irregular teeth, and seven children have been fitted with dentures.

"Parents who can reasonably afford it are expected to contribute a nominal fee of sixpence towards the cost of treatment. No child is denied the advantages of treatment owing to the parents' inability to contribute. The sum of £96 13s. 6d. was collected in sixpenny fees during the year.

"Toothbrushes are provided at wholesale rates and 1,391 brushes were purchased by elementary school children, as compared with 921 in 1935."

(h) **Orthopaedic and Postural Defects.** No case of tubercular crippling was found during the year to require treatment, and the number of cases of deformity of non-tubercular origin, varying from postural defects to definite crippling requiring treatment was 409. Of these 193 were found to require remedial exercises.

The following table shows the various types of cases from elementary schools attending the Orthopaedic clinics during the year :—

Defect.	Clinic.						Totals.
	Corsham.	Devizes.	Malmesbury.	Salisbury.	Swindon.	Trowbridge.	
Surgical Tuberculosis .....	—	1	—	2	1	5	9
Congenital Deformities .....	6	14	3	14	17	18	72
Infantile Paralysis .....	3	2	2	7	7	16	37
Rickets .....	18	8	4	24	26	16	96
Spastic Paralysis .....	1	3	—	3	3	3	13
Scoliosis .....	5	—	—	2	1	3	11
Osteomyelitis .....	—	—	1	—	—	—	1
Postural Defects .....	24	20	5	20	21	27	117
Other Defects .....	32	22	11	34	39	31	169
Totals .....	89	70	26	106	115	119	525

The number of attendances made by school children at the various clinics was 1,770. Thirty-four children from elementary schools were admitted to the Bath and Wessex Children's Orthopaedic Hospital, Bath, during the year.

The cost to the County Council has been :—

	£	s.	d.
Hospital Treatment .....	2,104	17	6
X-Rays .....	3	3	0
Appliances .....	107	15	1
Attendance grants to Clinics .....	88	10	0
Travelling .....	53	18	3
Massage .....	93	4	6

The expenditure of the clinics out of their own funds, for all cases including school children, is given in detail in the Public Health report.

In February a clinic was opened at the Malmesbury and District Hospital. This clinic meets at monthly intervals when the Orthopaedic Surgeon attends with the After-care Sister to see those cases living in the north-west area of the county who would find a difficulty in attending regularly, either at Swindon or Corsham. I would like to express our appreciation of the continued co-operation of the Malmesbury and District Hospital Committee and staff in this matter,



The five main Clinics in the County started nearly thirteen years ago and are still increasing in popularity, and the number of patients including an ever growing proportion of adults, is beginning to present a problem which, at the time of writing this report, is under serious consideration. It is difficult to express the value to the County of the work of the Clinic Secretaries and their voluntary helpers, and as an example of successful combination of voluntary and official work the orthopaedic scheme has attained a very high place in the County. I take this opportunity of again expressing to the Clinic Secretaries and their helpers the appreciation of my Committee and Department of their unremitting work on behalf of the cripples of the County.

(i) **Heart Disease and Rheumatism.** Forty-five children were reported as a result of routine medical inspection to be suffering from heart trouble for which advice was considered necessary. Thirty-nine cases were organic in character and six functional.

Seventeen of the forty five cases were referred to the Consulting Heart Physicians for full investigation, whilst twenty-eight children examined by them in previous years attended the Clinics again in 1936 for periodical review.

In view of the comparatively small number of children concerned, and of the fact that the Consultant for the northern and central areas of the County, Dr. C. E. K. Herapath, resides at Bristol, clinics are not held very frequently. The southern part of the County as well as the Savernake area is served by Dr. R. C. Monnington of Salisbury.

During the year five clinics were held, the attendances totalling 51, and the results of examination and the recommendations as to treatment or mode of life are given in the following tables:—

#### NEW CASES.

				<i>Boys.</i>	<i>Girls.</i>
Suffering from	Rheumatic Heart disease	.....	.....	2	1
„	suspected rheumatic heart disease	.....	.....	—	—
„	congenital heart disease	.....	.....	—	1
No organic disease	.....	.....	.....	7	6
Diagnosis at present indefinite	.....	.....	.....	—	—
				<hr/>	<hr/>
	Totals	.....	.....	9	8
				<hr/>	<hr/>

#### OLD CASES.

				<i>Boys.</i>	<i>Girls.</i>
Suffering from	rheumatic heart disease	.....	.....	4	9
„	suspected rheumatic heart disease	.....	.....	2	—
„	congenital heart disease	.....	.....	1	1
No organic disease	.....	.....	.....	7	3
Diagnosis at present indefinite	.....	.....	.....	—	1
				<hr/>	<hr/>
	Totals	.....	.....	14	14
				<hr/>	<hr/>

*New Cases.*

CENTRE.	No. of children examined.	Referred to Ear, Nose and Throat Clinic.	Restrictions as to drill and games.	Referred to family doctor.	Institutional Treatment	No treatment or restrictions.	May rightly be irregular in school attendance.
Chippenham	2	.....	.....	.....	.....	1	.....
Malmesbury	3	.....	1	.....	.....	2	.....
Salisbury	5	2	1	.....	1	.....	1
Savernake	2	.....	.....	.....	.....	2	.....
Swindon	1	.....	.....	.....	.....	1	.....
Trowbridge	4	.....	3	.....	.....	1	1

*Old Cases.*

CENTRE.	No. of children examined.	Referred to Ear, Nose and Throat Clinic.	Restrictions as to drill and games.	Referred to family doctor.	Institutional Treatment	No treatment or restrictions.	May rightly be irregular in school attendance.
Chippenham	2	.....	1	.....	.....	1	.....
Malmesbury	5	.....	1	.....	.....	4	.....
Salisbury	4	.....	1	.....	.....	3	1
Savernake	3	.....	1	.....	.....	2	.....
Swindon	10	.....	6	.....	.....	4	1
Trowbridge	4	.....	3	.....	.....	2	1

These clinics continue to provide a valuable means of reference in cases where there is any doubt as to the diagnosis, and their main purpose still holds good which was from the beginning of the Scheme to exclude from the disabilities associated with the suspicion of heart disease all children found on expert examination to be free from organic trouble.

No child is invited to a clinic without the concurrence of the family doctor, to whom the Consultants' notes are sent after each examination.

(j) **Tuberculosis.** *Pulmonary.* During the year 1936 two cases of pulmonary tuberculosis were discovered in school children, one boy and one girl. Both had periods of treatment in Winsley Sanatorium.

Another boy suffering from pulmonary tuberculosis, notified in 1935, was discharged from Harnwood Hospital during the year

*Non-Pulmonary.* During 1936 twenty-five new cases of non-pulmonary tuberculosis occurred amongst school children, and were notified by the Tuberculosis Officer or General Practitioners, or transferred from another County. The cases are made up as follows :—

Hip	.....	3	Meninges	.....	1
Shoulder	.....	1	Glands :—		
Tibia	.....	1	Cervical	.....	17
			Abdominal		2

The case of meningitis, a boy aged 9, died in Hospital.

Twenty-eight children suffering from non-pulmonary tuberculosis have received treatment at the following approved Hospitals :—

	Admissions.
Bath and Wessex Children's Orthopaedic Hospital	12
Savernake Hospital	14
Alton Hospital	1
Swanage Hospital	1

Several of the above cases were notified in previous years, but received institutional treatment in 1936. It is probable that some other cases received hospital treatment privately, the assistance of the Council's Tuberculosis Scheme not being required. This applies more particularly to tuberculous gland cases.



One school child suffering from lupus, and notified in 1935, is still receiving out-patient treatment under the Tuberculosis Scheme. The other lupus case referred to in my last report has now left school, but is being kept under observation.

Nine children suffering from non-pulmonary tuberculosis attended the Orthopaedic Clinics during the year.

(k) **Other Defects and Diseases.** Children suffering from defects or diseases which are not dealt with under any of the prescribed schemes are referred to their own doctors where necessary. In the majority of cases the required attention has been given.

**Remedial Exercises.** At the end of 1936, approximately 700 children were attending classes in Remedial Exercises. In most cases the classes were held once a week or once a fortnight, but in a few schools short periods daily were given to the work.

As mentioned in my report for 1935, Miss L. S. Rolleston, The Instructress in Remedial Exercises, had left the County Service at the end of that year. The value of her work led both the Education and Public Health Committees to determine to continue this post with re-organisation of the scheme in close connection with orthopaedic clinics. In my report I stated that the new Officer would deal with postural defects mainly at the Clinics, but experience has shown that although the work is far better organised in collaboration with the Clinics and the Clinic Surgeon only a comparatively few individual cases can properly be given their exercises at the Clinics. Miss J. M. Morris, C.S.M.M.G, was appointed in the Spring and began work on the 8th June, 1936.

The individual exercises in use are practically identical with those elaborated by Dr. Forrester Brown and Miss Rolleston in 1929 when our work in remedial exercises began.

The total number of elementary school children receiving remedial instruction either at the schools or the Clinics is approximately seven hundred, of these fifty were individual cases treated at the Clinics and the rest at various schools as set out below:—

(a) By Miss Morris:—Blunsdon St. Andrew, Bradford-on-Avon Trinity Senior, Bradford-on-Avon Christ Church Junior, Chippenham Westmead, Corsham, Highworth, Melksham Lowbourne, Melksham St. Michael's, Purton Modern (Girls'), Rowde, Lower Stratton Junior, Upper Stratton Senior, Warminster Avenue, Warminster Minster, Warminster Sambourne, Westbury Senior, Wilton Senior and Junior, Wootton Bassett C.E., Wootton Bassett Council, Trowbridge Adcroft Boys', Trowbridge Adcroft Girls', Trowbridge Margaret Stancomb's Infants', Trowbridge Newtown, Trowbridge Parochial Junior (Taken at the Trowbridge Clinic), Trowbridge Trinity Junior.

(b) By Miss Morris and a Teacher alternately:—Bradford-on-Avon Council Junior, Chippenham Lowden, Devizes Southbroom Senior and Grittleton.

(c) By a Teacher with occasional visits from Miss Morris:—Atworth, Bishops Cannings, Box, East Tytherton, Brinkworth, Calne Senior, Calne Junior, Chippenham Ivy Lane, Chippenham St. Paul's, Chisledon, Corsham Infants', Chapel Knap, Neston, Dauntsey, Downton Senior, Great Cheverell, Heytesbury, Hilmarton, Holt, Hullavington, Kington Langley, Kingston St. Michael, Lacock, Lyneham, Leigh, Lydiard Tregoze, Malmesbury Boys, Malmesbury Girls and Infants, Minety Silver Street, Nettleton and Burton, Poulshot, Steeple Langford, Stratford-sub-Castle, West Kington, Yatton Keynell.

(d) In many small schools children are instructed in exercises singly to be done at home or under the teachers' supervision and visited by Miss Morris whenever possible.

In view of the difficulties of providing room either in the building or in the time table for Remedial Exercises, it is very satisfactory that Miss Morris has been able to arrange for this work in so many schools. In this connection it is important to note that as the exercises mainly involve a lying down position it is necessary not only to provide a fairly large room but also some protection against the contact with the bare floor, this has been obtained either by simple sheets



of brown paper or by rush mats as provided for physical training exercises. The latter method is of course much to be preferred and I trust that these mats will be provided generally as time goes on. The Organisers in physical training, being responsible for the distribution of these mats, supply them at the request of Miss Morris, for use of children doing remedial exercises.

Although the period since this work has re-commenced is comparatively short Miss Morris reports definite improvement in cases of bad posture particularly where the Head Teachers take an interest in this subject. Where this work does not appeal to the teaching staff the difficulties are greater.

Apart altogether from the improvement in the individual child the scheme is of value inasmuch as we are now sure that in those schools any cases of slight postural defect with any indication of more serious development are kept under the eye of an expert and referred to the orthopaedic surgeon should this be necessary. On the other hand cases seen at the Clinic are continually being referred for treatment at school under Miss Morris, and in this way the Clinics which tend to become overcrowded are relieved of unnecessary work. The Organisers in Physical Training also refer children discovered, but of course the great majority of cases are referred by the Assistant School Medical Officers.

Mr. J. Bastow, the visiting surgeon to the Orthopaedic Clinics, has lectured with special reference to defective posture to a class of teachers undergoing instruction in the teaching of Physical Training during the year under review.

**Marlborough Children's Convalescent Home.** There has been no falling-off in the demand for admission to this Home, and the 74 beds have been fully occupied throughout the year. In the ordinary way there has generally been a waiting period of some weeks, but it has usually been possible to make special arrangements for the admission of urgent cases.

Although the majority of the children admitted have been suffering from debility or severe malnutrition, the accommodation is being increasingly used also in connection with the orthopaedic scheme. Children, who whilst not requiring actual treatment would have been detained longer in the Bath Orthopaedic Hospital because it was felt unwise to discharge them straight to their homes, have been sent to the Convalescent Home, thus releasing beds urgently required at the Orthopaedic Hospital, and at the same time reducing the cost to the County Council. Other cases have been admitted because it was found that the Orthopaedic Surgeon's instructions were not being properly carried out at home, and supervision by the Surgeon has been maintained at the Swindon Clinic, Matron taking the children there as required in the County ambulance.

There has been no change in the administration or staffing of the Home which have been described fully in previous reports, and its continued popularity and the general appreciation of the services of Matron and her staff are apparent from the letters which are received from time to time from parents when their children are sent home.

Two beds are allocated to the Salisbury City Education Committee for the admission of children from that area, the actual cost of maintenance being repaid to the County Council. Similar arrangements suggested for the Borough of Swindon have not materialised, but "pre-tubercular" children from either area can be admitted as County cases.

During the year 223 "County" cases were admitted—116 boys (including 28 under 5 years of age) and 107 girls (including 20 under 5 years of age). Six children, 3 boys and 3 girls, were admitted under the arrangement with the City of Salisbury. The average length of stay of these 229 cases was 17 weeks and the in-patient days totalled 27,256. The figures for the previous year were 239 children and 23,652 in-patient days, the lesser number of in-patient days in 1935 being due to the fact that all the children were discharged and the Home closed for a while following an outbreak of scarlet fever. Fortunately, during 1936 there has been no serious infectious disease in the Home.

All parents who are able to do so are required to contribute towards the cost of maintenance in accordance with their means, careful enquiries being made as to the family circumstances in each instance, but in the majority of cases, the payments are only small. Certain Hospital Leagues, however, pay contributions at varying rates on behalf of the parents.



## 8. INFECTIOUS DISEASES.

(a) **General.** The system by which Head Teachers report cases of Infectious Diseases simultaneously to myself as School Medical Officer, and to District Medical Officers of Health and School Nurses, has continued in operation and has given valuable results. The rules as to exclusion of infected children and contacts, as laid down by the Board of Education in their Memorandum, have been carefully followed, with occasional modifications which have seemed desirable under special circumstances.

The following is the summary of such notifications :—

	1936	1935		1936	1935
Scarlet Fever	144	201	Sore Throats	7	13
Diphtheria	41	117	Scabies	10	18
Measles	1,065	1,063	Impetigo	235	205
German Measles	55	180	Ringworm	32	53
Whooping Cough	715	928	Influenza	123	543
Chickenpox	810	684	Other Diseases	289	202
Mumps	515	618			
			Totals	4,041	4,825

(b) **School Closures.** The following is a list of school closures during the past two years :—

	1936	1935
Measles	23	17
Mumps	3	3
Whooping Cough	11	8
Scarlet Fever	4	1
Diphtheria	—	4
Influenza	4	25
Chicken Pox	—	2
Other Conditions	5	1
Totals	50	61

(c) **Certificates.** When attendance falls below 60 per cent, through infectious disease, the School Medical Officer's certificate to that effect secures practically full grant. Such certificates were issued during the year in respect of 26 departments, as compared with 24 in 1935.

(d) **Immunization against Diphtheria.** No immunization against Diphtheria was carried out during the year.

## 9. OPEN AIR EDUCATION.

The position remains the same as described in my 1932 and previous reports.

## 10. PHYSICAL TRAINING.

Since the resignation of Miss Walmsley some fourteen years ago no physical training organiser has been available in the County until September last, when Miss K. E. Currey, C.S.M.M.G. (Diploma Chelsea College of Physical Education) and Mr. J. A. Tringham (Diploma Sheffield Physical Training College) took up their duties.

## 11. PROVISION OF MEALS.

No action has been taken by the Local Authority under Section 84 of the Education Act, 1921, but there are certain voluntary arrangements firmly established in the following schools:—

Calne Senior.

Warminster Avenue.

Mere Senior.

Wilton Senior.



Similar arrangements are in process of beginning at the new Stratton Senior and Devizes Southbroom Schools, whilst hot meals are available two or three days a week, cooked by the domestic science class, at Bradford Trinity Senior, Downton Senior and Durrington Senior Schools.

At the great majority of the rest of the schools there is some arrangement for hot drinks and elementary amenities for children who bring their own meals.

**Milk in Schools Scheme.** The Milk Marketing Board's Scheme provides for the supply of milk for normal children at the rate of one halfpenny per third of a pint, and full details of the Scheme have been given in previous Annual Reports.

The position with regard to the supply of fresh milk or alternative preparations to the 304 school departments in the County may be summarised as follows :—

Departments with milk schemes	.....	.....	.....	.....	220
Departments having malted milk preparations	.....	.....	.....	.....	62
Departments providing cocoa	.....	.....	.....	.....	6
Departments with no scheme at all	.....	.....	.....	.....	16
Total.	.....	.....	.....	.....	304

Of the above school departments, six have never had milk schemes at all, as no demand could be stimulated, whilst 41 had arrangements for the provision of malted milk at the time the Milk Marketing Board's Scheme was introduced and it was not desired to make any alteration.

The total number of children participating under the arrangements for either fresh or proprietary milk is approximately 12,500.

The grades of milk supplied to the 220 departments at the time of writing are as follows :—

(a) Tuberculin Tested	....	.....	.....	.....	.....	20
(b) Pasteurised	.....	.....	.....	.....	.....	31
(c) Accredited	.....	.....	.....	.....	.....	97
(d) Ordinary farm supplies	.....	.....	.....	.....	.....	72
Total	—	—	—	—	.....	220

At the end of 1935, the Scheme was in operation at 228 school departments and approximately 11,500 children were having milk. At the time of writing this report, 220 school departments had supplies of fresh milk, the number of children concerned being approximately 11,000.

Seven of these 220 departments had milk supplied for the first time during the year so that there were eight departments less than at the end of 1935 where the scheme is available. The tendency for fresh milk supplies to fail has thus continued during 1936, the total number of failures since the inception of the Scheme in October, 1934 being 31. In 21 of these 31 instances arrangements have been made for the provision of a proprietary malted milk, and in the remaining 10 instances it has been impossible to arrange any milk supply at all.

The falling off in the supply of fresh milk in a County where milk production is the staple industry is much to be deplored. Every possible effort has been made by Head Teachers, by the National Milk Publicity Council and by the Agricultural Organiser in collaboration with my staff to secure local milk supplies of a good standard, but the results are as set out above, and we are being forced to maintain supplies by means of manufactured milk powder, apart altogether from the Milk Marketing Board's Scheme.

The reason for the falling off is mainly the insufficiency of the remuneration under the Milk Marketing Board's Scheme, which involves not only the laborious cleansing of bottles and the arrangement of regular deliveries, but also a supply interrupted by week-ends and holidays.



As regards quality, we have endeavoured to secure the safest available supplies and the order of preference has been as set out in the foregoing table. Where ordinary farm supplies only are available, they are not accepted unless recommended by the Agricultural Department and all herds concerned are regularly inspected by the whole-time veterinary staff.

“Pasteurised” milk has three great drawbacks. The process is not fool-proof and milk can be and is sometimes produced by pasteurising plants which is not pasteurised. Secondly, it is only available in a few parts of the County. Thirdly it is disliked and refused by many children.

On the other hand, unpasteurised milk can give rise to tuberculosis though, in this County, this danger is being lessened by the work of the County Veterinary Staff. It can give rise to other infections, as we experienced at the end of the year at Wilton where 112 school children contracted acute gastro-enteritis, though, happily, with no after effects, as the result of the infection of the milk by an apparently perfectly healthy cow at an accredited farm.

It is true that boiling renders milk safe, but it has not been considered practicable to instal a general scheme for boiling milk at school. The taste of boiled milk and the fact that it is necessarily given in cups renders it less popular than that supplied in bottles under the Scheme and drunk through the straws.

No responsible medical officer would deny the desirability of pasteurised milk where such is available and acceptable to children, but to insist on such supplies—or on the boiling at school of all other milk—would be greatly to accelerate the falling off in the numbers of children taking milk at school. The value of milk to school children as a food is obvious wherever it is given and the decision has to be made between giving this benefit only where certain types of supplies are available and giving it to much larger numbers where supplies include also milk from accredited and ordinary farms. It is true that these latter supplies, though greatly improved of recent years, are still not free from the possibility of carrying disease. Against this risk must be considered the general gain in health of a much larger number of children than those for whom the special types of supply are obtainable.

## **12. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES.**

(a) **Co-operation of Parents.** Parents are invited to all routine inspections and every effort is made to enlist their co-operation in the work of the doctors, dentists and nurses in the schools.

Whilst there are always a few parents who definitely neglect their children the proportion is very small and the desire amongst parents generally to give their children all the benefits available under the school medical service manifestly increases as the years go on. The most frequent expressions of satisfaction are aroused as perhaps is natural, amongst parents whose children have received the benefit of a stay at the Marlborough Convalescent Home, but such welcome signs of appreciation are by no means confined to any one branch of the service.

(b) **Co-operation of Teachers.** As mentioned in previous reports the assistance from teachers affects many aspects of school medical work, and we tend to rely more and more on this help, which has been given so long and so continuously. It is realised that the expenditure of much time and trouble is involved, but the school medical service would lose most of its efficiency if the voluntary services of teachers were withheld, and I again desire to express appreciation of the great help we have received from the teaching staff of all the elementary schools.

(c) **Co-operation of School Attendance Officers.** The work of the School Attendance Department continues to be carried on with the closest co-ordination with the School Medical Department. School attendance is so intimately connected with the physical condition of the child that questions are continuously arising which require the joint considera-



tion of the two Departments. The Medical Department has, or can obtain, the necessary information with regard to any condition of health which may prevent school attendance, and, on the other hand, the School Attendance Department, through its Officers, is frequently capable of rendering great assistance to medical work

(d) **Co-operation of Voluntary Bodies.** Every use is made of the good offices of local residents interested in school children, whether they form Care Committees, or whether they act alone.

Amongst voluntary bodies, the Orthopaedic Clinic Committees take a principal place, and co-operation with them is complete.

The Curry Memorial Trust Fund still continues its excellent work for the poorer school children of the County, and I am indebted to Mr. J. L. Martin, Hon. Secretary of the Fund, for the following report:—

“The Members of the Committee have pleasure in presenting the 27th Annual Report, for the year ended 31st December, 1936.

“The applications received during the year numbered 159, as compared with 166 in 1935. There were 126 cases receiving grants from schools under the Wilts L.E.A. Sixteen cases were assisted from the accumulated funds of Joseph Slade’s Charity (Trowbridge).

“It is interesting to record that over 3,000 grants have been made since the inception of the Fund.

“The payments made during the year were distributed as follows:—

<i>Association of N.U.T.</i>	<i>No. of Applications and Grants.</i>			
Chippenham .....	.....	.....	.....	23
Devizes .....	.....	.....	.....	14
Malmesbury .....	.....	.....	.....	—
Marlborough .....	.....	.....	.....	17
Salisbury District .....	.....	.....	.....	8
Warminster .....	.....	.....	.....	10
West Wilts .....	.....	.....	.....	33
North Wilts .....	.....	.....	.....	21
				<hr/> 126 <hr/>

“The best thanks of the Committee are again tendered to the Directors of the Swindon Town Football Club for the generous donation of three guineas, and to the Great Western Swindon Amateur Theatrical Society for the generous grant of £5.

“Teachers are again reminded that application forms may be obtained from the School Medical Officer and from the Honorary Secretary of the Fund (Mr. J. L. Martin, 24 Westbourne Gardens, Trowbridge).

“The application forms are for the sole use of the Head Teacher, and are not to be handed to unauthorised persons. All applications for assistance should be sent to the Secretary *before aid is promised or given.*

“The best thanks of the Committee are hereby tendered to the officers of the various associations of teachers, and to the School Medical Officers, for their kind co-operation and assistance at all times.”



The work of the National Society for the Prevention of Cruelty to Children has been made use of as occasion arose, and the three Inspectors for the County are in regular touch with the School Medical Department. During the year, the following numbers of cases have been referred to the three Inspectors:—

Northern Area	.....	.....	.....	8
Central Area	.....	.....	.....	6
Southern Area	.....	.....	.....	4

### 13. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

No effort is spared to keep the list of defective children under the above heading accurate and complete. Information with regard to all such children attending school is of course readily available from medical inspection records. Children not attending school are known to teachers and school attendance officers and there is no reasonable possibility of their failing to be discovered.

**Blind Children.** There are four totally blind school children belonging to the County, two of whom are in a residential blind school, and two whose training has been interrupted owing to ill-health.

None of the four children owe their condition to ophthalmia neonatorum, which in past years used to contribute a regular annual addition to the ranks of the blind. It is a matter of congratulation that this source of blindness in the newly born is now prevented by the child welfare service from producing the terrible results, which were, at one time, common.

In addition to the totally blind cases, certain children have vision so defective as to be classed as only suitable for training in a school or class for the partially sighted. Facilities for these children are available at Westbury-on-Trym Residential Blind School and ten Wiltshire children with seriously defective sight have received training during the year at that institution.

Of the ten students who, during the five years ending 1936, have completed their training in residential institutions, one is employed as machine knitter and chair caner, one is a teacher of music and a piano tuner, two are employed as boot repairers, one is attached to Durham University and is studying for a degree in music, two are in service, and three are unemployed.

**Deaf and Dumb Children.** Of the twenty-seven cases of deaf and dumb, or partially deaf children, seventeen are in certified residential schools. Eight children are partially deaf only and at present are attending ordinary elementary schools. The parents of the remaining two refuse to give their consent to the children going away. These latter children, who are deaf only, continue to attend the elementary schools, but do not interfere with teaching.

Of the thirteen students who during the five years ended 1936 have completed their training in a residential institution, four are in domestic service, one is employed with a baker, one at rubber works, one is a pantry boy, one in the confectionery trade, one a house decorator, one a grocer's errand boy, one at a local inn and two have left the area.

**Mentally Defective Children.** There are ninety-four feeble-minded children of school age who are above the grade of imbecile, that is, who are educable in a special school or class under the Education Act, 1921. Six are in residential special schools, and eighty-six attend the ordinary elementary schools. One feeble-minded boy is in an approved school, and one girl is not attending school. A satisfactory feature in this matter is that most of the children living in their own homes are under the supervision of the Wilts Voluntary Association for Mental Welfare, through an arrangement with the General Education Committee. The information received through the Voluntary Association is of value



in allowing opportunity for intervention when this is desirable. The usual practice is to allow the educable feeble-minded children to remain in the elementary schools, where it is hoped that progress will be made in the future towards the provision of special classes. Where the behaviour of these children is such that they exert an unsatisfactory influence, or where their home conditions do not allow them to be properly cared for, every endeavour is made to secure accommodation in such special schools as are available outside the County.

The Authority has no special schools.

The large number of persons under the care of the Statutory Committee has been augmented during the year by the addition of five imbeciles, nineteen "ineducable" feeble-minded children and one child who was about to be withdrawn from a special school on attaining the age of sixteen years. These children were notified by the Education Committee to the Statutory Committee in accordance with the Mental Deficiency (Notification of Children) Regulations, 1928. Nine of this annual group of notified cases continue to attend ordinary elementary schools, two are over school age, two have been excluded from school attendance, nine have been sent to certified institutions, two have been placed in the care of guardians, and one has left the County.

The Devizes Public Assistance Institution, with its accommodation for thirty-two boys, has continued to render good service in absorbing "ineducable" children, who would otherwise either have to remain at home or attend an elementary school with doubtful benefit. It will be observed, however, that so far, with the exception of a few beds available at the Purton Certified Institution, there is no corresponding accommodation for girls in this "ineducable" group within the County. The new accommodation which is to be provided at the Pewsey Colony will, however, afford institutional care for children of this type.

Dr. Monnington, the County Physician for Nervous Disorders, has continued to act as consultant for difficult cases. During the year seven children, who presented difficulties in connection with their behaviour, were examined by him.

As the whole official work in connection with the Mental Deficiency Acts dealing with persons of all ages is administered from the Health Department, all overlapping with the work of the Statutory Committee is avoided, and a record of the history of each case is available without a break.

Of the eleven children who, during the last five years have completed their training in residential institutions, eight are either at home or employed in domestic service or farm work, and three are in institutions, mainly because of bad home conditions.

The Police Authorities have continued to communicate with me in cases of school children brought before the Magistrates where, in the opinion of the Police, the medical records would be of assistance to the Magistrates in determining the necessity of punishment as opposed to other alternatives. This scheme should secure safeguards for the undeveloped and weak-minded child, which are not possible without special knowledge unobtainable through police means alone. The Police made application for information in regard to 56 boys and two girls. This was supplied from the available school medical inspection records in the majority of cases, but in six instances special examination of their mental condition was undertaken. The large increase is probably due to the Children Act Regulations, which require the Local Education Authority to supply the Court with information except in trivial cases as to the mental and physical condition of the offenders.

**Epileptics.** Of the seven known cases of severe epilepsy, three are attending ordinary elementary schools and four are unfit to attend any school.

One girl was sent to a special school for twelve months on trial, but owing to her very unsatisfactory progress, she was not retained at the school. Since her return home she has been classified as feeble-minded.



One pupil only, during the last five years, completed his training in a residential institution. He has since been certified as feeble-minded, but has been allowed to remain in his own home under supervision.

These extremely disappointing results, after comparative costly institutional training, appear to justify my opinion, based on similar previous experience, that for cases of confirmed epilepsy, training in special handicraft is waste of money. Sooner or later the established cases of epilepsy in the County tend to become admitted to the County institutions set apart for their reception. Here they can lead a life as happy and as useful as their disability permits.

**Cripples.** Of the six students who, during the five years ended 1936, have completed their training in residential institutions, two are on the staff at the Bath and Wessex Children's Orthopaedic Hospital as splint makers; one is employed by surgical instrument makers at Bath; one at Oswestry doing upholstery; one boot and shoe repairing; and one has left the district.

#### **14. FULL TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE, AND EPILEPTIC STUDENTS.**

Apart from the younger cases mentioned in the previous paragraph a number of older students were given training by way of scholarships through the scheme for higher education. During the year under review three blind, three deaf and dumb, and three cripples were maintained at special training institutions under this arrangement.

There are no courses maintained by this Authority.

A summary of the records of the after-careers of students who have completed training is given under the appropriate sub-headings in Section 13.

#### **15. NURSERY SCHOOLS.**

There are none in the County.

#### **16. SECONDARY SCHOOLS.**

The second part of this report gives details of the Medical Inspection of Secondary Schools during the year.

#### **17. PARENTS' PAYMENTS.**

All contributions from parents towards cost of treatment are collected by the County Treasurer's Department, except dental fees, which are collected by the County Dental Officers when treatment is given.

#### **18. HEALTH EDUCATION.**

The Board of Education's Handbook of Suggestions on Health Education was issued to all head teachers in the County in 1928, and the revised edition published in 1934 will be supplied on requisition. Leaflets issued by the Dental Board of the United Kingdom are also distributed to school children by members of the County Dental Staff.

The circulation of printed matter to teachers or children is not enough and the importance of systematic teaching both in elementary and secondary schools cannot be overestimated. During the year the Teachers' Advisory Committee have made a survey of the present position of Health Education in the County, and are now engaged in a study of appropriate teaching methods in elementary and secondary schools. In my view, a definite place should be allotted to health teaching in the school curriculum.



**19. SPECIAL INQUIRIES.**

No special inquiries were carried out during the year.

**20. MISCELLANEOUS.**

Seven student teachers, 13 candidates for University Scholarships, 17 candidates for appointment to the Royal Air Force and five candidates for Artificer Apprentices in the Royal Navy have been medically examined during the year. In addition, 157 certificates of fitness for employment were given.

Various other medical reports have also been submitted as special circumstances have arisen.



### ELEMENTARY SCHOOLS.

**TABLE 1.—Medical Inspections of Children attending Public Elementary Schools.**

#### A. ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	.....	.....	.....	.....	2,894
Second Age Group	.....	.....	.....	.....	2,799
Third Age Group	.....	.....	.....	.....	2,431
Total	.....	.....	.....	.....	8,124
Number of other Routine Inspections	.....	.....	.....	.....	164
Grand Total	.....	.....	.....	.....	8,288

#### B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	.....	532
Number of Re-Inspections	.....	.....	.....	.....	12,215
Total	.....	.....	.....	.....	12,747

#### C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at Routine Medical Inspection to require treatment.  
(excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

PRESCRIBED GROUPS :

Entrants	.....	.....	.....	.....	700
Second Age Group	.....	.....	.....	.....	940
Third Age Group	.....	.....	.....	.....	605
Total (Prescribed Groups)	.....	.....	.....	.....	2,245
Other Routine Inspections	.....	.....	.....	.....	45
Grand Total	.....	.....	.....	.....	2,290



TABLE II. (A).

Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

DEFECT OR DISEASE.		ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm :—				
	1 Scalp .....	.....	1	5	4
	2 Body .....	2	1	1	1
	3 Scabies .....	.....	.....	7	2
	4 Impetigo .....	7	2	12	4
	5 Other Diseases (Non-Tuberculous) .....	13	16	4	2
	TOTAL (Heads 1 to 5) .....	22	20	29	13
Eye	6 Blepharitis .....	45	21	10	.....
	7 Conjunctivitis .....	14	1	1	1
	8 Keratitis .....	1	.....	.....	.....
	9 Corneal Opacities .....	2	3	.....	.....
	10 Other Conditions (excluding Defective Vision and Squint) .....	7	8	5	.....
	TOTAL (Heads 6 to 10) .....	69	33	16	1
Ear	11 Defective Vision (excluding Squint) .....	316	275	40	6
	12 Squint..... .....	39	47	11	5
Ear	13 Defective Hearing .....	14	8	.....	1
	14 Otitis Media .....	35	17	1	1
	15 Other Ear Diseases .....	3	3	1	.....
Nose and Throat	16 Chronic Tonsillitis only .....	41	132	14	4
	17 Adenoids only .....	11	15	2	6
	18 Chronic Tonsillitis and Adenoids .....	218	251	27	33
	19 Other Conditions (including Goitre) .....	33	23	5	.....
	Goitre .....	12	7	2	.....
	20 Enlarged Cervical Glands (Non-Tuberculous) .....	8	24	1	2
	21 Defective Speech .....	3	16	.....	2
Heart and Circulation	Heart Disease :				
	22 Organic .....	36	34	3	2
	23 Functional .....	6	63	.....	.....
	24 Anaemia .....	53	18	3	.....



TABLE II. (A.) continued.

Return of Defects found by Medical Inspection in the Year ended 31st December, 1936.

DEFECT OR DISEASE.  (1)					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					No. of Defects.		No. of Defects.	
					Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
					(2)	(3)	(4)	(5)
<b>Lungs</b>	25	Bronchitis .....	.....	.....	36	27	4	.....
	26	Other Non-Tuberculous Diseases .....	.....	.....	7	22	1	2
<b>Tuberculosis</b>	27	Pulmonary : Definite .....	.....	.....	.....	.....	.....	.....
	28	Suspected .....	.....	.....	1	.....	.....	.....
	29	Non-Pulmonary : Glands .....	.....	.....	1	5	.....	.....
	30	Bones and Joints .....	.....	.....	.....	4	.....	.....
	31	Skin .....	.....	.....	.....	.....	.....	.....
	32	Other Forms .....	.....	.....	.....	.....	.....	.....
TOTAL (Heads 29 to 32) .....					1	9	.....	.....
<b>Nervous System</b>	33	Epilepsy .....	.....	.....	2	5	.....	.....
	34	Chorea .....	.....	.....	3	2	.....	1
	35	Other Conditions .....	.....	.....	15	39	2	5
<b>Deformities</b>	36	Rickets .....	.....	.....	36	12	.....	2
	37	Spinal Curvature .....	.....	.....	90	34	7	.....
	38	Other Forms .....	.....	.....	273	80	3	3
39 Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases) .....					110	110	7	18
Total .....					1,481	1,319	177	107

TABLE II. (B.)

Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	No. of Children inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	2,894	323	11.2	1,857	64.2	573	19.8	141	4.8
Second Age-group	2,799	268	9.6	1,591	56.8	669	23.9	271	9.7
Third Age-group	2,431	379	15.6	1,474	60.6	445	18.3	133	5.5
Other Routine Inspections	164	25	15.2	98	59.8	34	20.7	7	4.3
TOTAL	8,288	995	12.0	5,020	60.6	1,721	20.8	552	6.6

TABLE III.

## Return of all Exceptional Children in the Area.

No child is entered more than once in this Table.

## BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	.....	.....	2	4

## PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
10	.....	1	.....	.....	11

## DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
17	2	.....	.....	19

## PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	.....	8	.....	.....	8

## MENTALLY DEFECTIVE CHILDREN.

## FEEBLE MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	86	1	1	94



TABLE III.—*continued*

## EPILEPTIC CHILDREN.

## CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	3	.....	4	7

## PHYSICALLY DEFECTIVE CHILDREN.

## A.—TUBERCULOUS CHILDREN.

## I. CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS. (Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	3	.....	.....	3

## II. CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS. (This category includes tuberculosis of all sites other than those shown in (I) above).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	35	6	2	49

## B.—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	188	31	.....	219

## C.—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
17	44	7	12	80

## D.—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
.....	.....	1	4	5

**Children suffering from Multiple Defects.**

SEVERE EPILEPSY AND MENTALLY DEFECTIVE :					
At no school or institution.....	.....	.....	.....	.....	2
HEART DISEASE AND FEEBLE MINDED :					
At Public Elementary Schools .....	.....	.....	.....	.....	1
Total				---	3

**STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st  
DECEMBER, 1936, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL  
DEFICIENCY AUTHORITY.**

\*\*\*\*\*

**Total Number of Children Notified, 25.**

**ANALYSIS OF THE ABOVE TOTAL.**

	Diagnosis.	Boys.	Girls.
1.	(i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—		
	(a) Idiots .....	—	—
	(b) Imbeciles .....	3	2
	(c) Others .....	5	8
	(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :—		
	(a) Moral defectives .....	—	—
	(b) Others .....	3	3
2.	Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 .....	—	1
3.	Feeble-minded children notified under Article 3, i.e., "special circumstances" cases .....	—	—
4.	Children who in addition to being mentally defective were blind or deaf .....	—	—
	Grand Total .....	11	14



TABLE IV.—Return of Defects treated during the Year ended 31st December, 1936.

Group 1.—MINOR AILMENTS (Excluding Uncleanliness, for which see Group VI.).

Defect or Disease. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
<b>Skin :—</b>			
Ringworm—Scalp :			
(i) X-Ray Treatment	5	—	5
(ii) Other Treatment	42	4	46
Ringworm—Body	26	8	34
Scabies	33	2	35
Impetigo	641	44	685
Other skin disease	57	4	61
<b>Minor Eye Defects :</b> (External and other, but excluding cases falling in Group II.)	236	4	240
<b>Minor Ear Defects</b>	16	1	17
<b>Miscellaneous :</b> (e.g., minor injuries, bruises, sores, chilblains, etc.).	61	16	77
<b>Total</b>	<b>1,117</b>	<b>83</b>	<b>1,200</b>

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.			No. of children for whom spectacles were			
	Under the Authority's Scheme. (2)	Other-wise. (3)	Total. (4)	Prescribed. (1)		Obtained. (2)	
				(i) Under the Authority's Scheme.	(ii) Other-wise.	(i) Under the Authority's Scheme.	(ii) Other-wise.
Errors of Refraction (including squint)	773	20	793				
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	60	1	61	657	12	558	12
<b>Total</b>	<b>833</b>	<b>21</b>	<b>854</b>	<b>669</b>		<b>570</b>	

TABLE IV. (Continued).

## Group III.—TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.

Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.				Received other forms of Treatment.	Total number treated.
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
78	31	384	61	11	.....	13	.....	89	31	397	61	47	625

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids (iv) Other defects of the ear, nose and throat.

## Group IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number of individual children treated
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
No. of children treated ....	53	.....	516	.....	2	5	534



### Group V.—DENTAL DEFECTS.

- (1) Number of Children who were :—  
(i) Inspected by the Dentist :

Age.					
3	*****	*****	*****	*****	87
4	*****	*****	*****	*****	412
5	*****	*****	*****	*****	1,403
6	*****	*****	*****	*****	1,367
7	*****	*****	*****	*****	1,345
8	*****	*****	*****	*****	1,411
9	*****	*****	*****	*****	1,431
10	*****	*****	*****	*****	1,411
11	*****	*****	*****	*****	1,171
12	*****	*****	*****	*****	1,143
13	*****	*****	*****	*****	1,144
14	*****	*****	*****	*****	201
15	*****	*****	*****	*****	4
Specials					4
Total					12,530
Specials					704
Total (Routine and Specials)					13,234

- |       |                                                         |       |       |        |       |       |       |        |
|-------|---------------------------------------------------------|-------|-------|--------|-------|-------|-------|--------|
| (ii)  | Found to require treatment                              | ..... | ..... | .....  | ..... | ..... | ..... | 10,148 |
| (iii) | Actually treated                                        | ..... | ..... | .....  | ..... | ..... | ..... | 7,881  |
| (iv)  | Attendances made by children for treatment              | ..... | ..... | .....  | ..... | ..... | ..... | 11,237 |
| (5)   | Half-days devoted to:—                                  |       |       |        |       |       |       |        |
|       | Inspection                                              | ..... | ..... | 203    |       |       |       |        |
|       | Treatment                                               | ..... | ..... | 1,344  | Total | ..... | ..... | 1,547  |
| (6)   | Fillings:—                                              |       |       |        |       |       |       |        |
|       | Permanent teeth                                         | ..... | ..... | 3,207  |       |       |       |        |
|       | Temporary teeth                                         | ..... | ..... | 152    | Total | ..... | ..... | 3,359  |
| (7)   | Extractions:—                                           |       |       |        |       |       |       |        |
|       | Permanent teeth                                         | ..... | ..... | 2,272  |       |       |       |        |
|       | Temporary teeth                                         | ..... | ..... | 13,537 | Total | ..... | ..... | 15,809 |
| (8)   | Administrations of general anaesthetics for extractions |       |       |        |       | ..... | ..... | 75     |
| (9)   | Other operations:—                                      |       |       |        |       |       |       |        |
|       | Permanent teeth                                         | ..... | ..... | 1,364  |       |       |       |        |
|       | Temporary teeth                                         | ..... | ..... | 25     | Total | ..... | ..... | 1,389  |

**Group VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.**

- |                                                                                                 |         |
|-------------------------------------------------------------------------------------------------|---------|
| (i) Average number of visits per school made during the year by the School Nurses .....         | 6       |
| (ii) Total number of examinations of children in the Schools by School Nurses .....             | 156,549 |
| (iii) Number of <i>individual</i> children found unclean .....                                  | 832     |
| (iv) Number of children cleansed under arrangements made by the Local Education Authority ..... | —       |
| (v) Number of cases in which legal proceedings were taken :—                                    |         |
| (a) Under the Education Act, 1921 .....                                                         | —       |
| (b) Under School Attendance Byelaws .....                                                       | 3       |

TABLE V.—SUMMARY OF NURSES' REPORTS RECEIVED FOR 1936.

<i>Defect or Disease.</i>	<i>No. of Cases reported.</i>
Clothing and Footgear .....	88
Uncleanliness .....	801
<b>Skin—</b>	
Ringworm :	
Scalp .....	32
Body .....	28
Scabies .....	25
Impetigo .....	512
Other Diseases .....	27
<b>Eye—</b>	
Defective Vision and Squint .....	19
External Eye Disease .....	127
<b>Ear—</b>	
Defective Hearing .....	1
Ear Disease .....	1
<b>Nose and Throat—</b>	
Enlarged Tonsils .....	18
Adenoids .....	1
Enlarged Tonsils and Adenoids .....	3
<b>Goitre</b> .....	6
<b>Minor Injuries, Bruises, Sores, etc.</b> .....	77
<b>Other Defects and Diseases</b> .....	57
<b>Total</b> .....	1,823



## SECONDARY SCHOOLS.

### MEDICAL INSPECTION.

Medical inspection and treatment are arranged by the County Council in the following 10 of the 14 secondary schools in the County :—

#### PROVIDED.

Malmesbury.  
Salisbury, South Wilts School  
for Girls.  
Trowbridge Boys' High.  
Trowbridge Girls' High.

#### AIDED.

Fitzmaurice Grammar School,  
Bradford-on-Avon.  
The Bentley (Calne County)  
School.  
Chippenham.  
Devizes.  
Marlborough Grammar.  
Salisbury, Bishop Wordsworth's.

At the three aided secondary schools in Swindon, medical inspection and treatment are the responsibility of the Education Authority for that Borough, whilst the remaining school at West Lavington, also aided, has its own arrangement for medical supervision.

**Age Groups for Inspection.** At the 10 schools where the County Council is responsible for the arrangements, the scholars are medically examined in three main age groups—Entrants, Intermediates, and Leavers—and each child is thus inspected at least three times before leaving school. In addition, the Head Master or Head Mistress may present for examination as a "Special" case any child whom it is considered should be medically examined and who, at the time of the Assistant County Medical Officer's visit to the school, does not come within one of the routine age groups to be inspected. Medical inspection is not, however, provided for children in preparatory departments.

In the case of the Entrants, the Education Committee requires that the examination shall take place as soon after admission as possible, to ensure that no place in a secondary school has been awarded to a child who is not physically capable of deriving full advantage from the opportunity so afforded. No child was found to be entirely unsuitable, although four were the subject of very careful investigation before it was finally decided to allow them to continue at the Secondary Schools.

The examination of the Entrant group is thus arranged early in the autumn term and of the Intermediates and Leavers during the spring term.

On the 1st October, 1936, there were 2,736 children on the rolls of the 10 schools concerned and, of these, 1,547 were examined during the year as follows :—Entrants 635, Intermediates 408, Leavers 413, Other Routine Inspections six, Specials 85. In the previous year, 1,239 scholars were fully medically examined.

Of the scholars inspected under the three main groups, 386 were found to require treatment compared with 220 in 1935, or 26.4 per cent and 18.4 per cent respectively of the scholars examined. Under each of the age groups, the percentages of scholars needing treatment were Entrants 33.2, Intermediates 21.3 and Leavers 21.3. The proportion in each case was higher than in 1935, but these figures fluctuate from year to year and it is difficult to form any definite conclusions therefrom.

The majority of the defects discovered were in respect of vision, nutrition, nose and throat, and deformities and a detailed summary will be found in Table II A.

### FOLLOWING-UP AND MEDICAL TREATMENT.

All scholars found at previous inspections to be defective are re-examined from the point of view of their particular defect at each routine visit to the school of the Assistant County Medical



Officer, and are thus seen twice a year. The object of this re-inspection is to enable those cases where advice as to treatment has been given to be followed up and to keep under observation those in which treatment has not previously been found necessary, so that appropriate advice may be given should the condition progress.

During the year, 1,280 re-inspections were made, compared with 1,260 in 1935.

The cases in which it is found that the Medical Inspector's advice has been ignored are comparatively few and any instance of neglect or indifference is followed up through every possible means.

The arrangements for medical treatment are identical with those for the elementary schools and parents' contributions are assessed on a recognised scale in accordance with their means.

Details of the treatment provided during the year are given in the following paragraphs.

**Visual Defects.** One hundred and two scholars were found during the course of medical inspection to have defective vision for which advice by an ophthalmic surgeon was recommended, compared with 73 in the previous year, and examination at one or other of the County Eye Clinics was offered in each case.

In all, 135 scholars with errors of refraction were examined by the three County Ophthalmic Surgeons during the year, this number of course including many old cases. Glasses were prescribed in 114 instances and actually obtained under the Committee's arrangements for the provision of spectacles at special contract prices in 94 cases, and in two others from local opticians.

In 25 cases, however, the parents stated that they would obtain private advice for their children but in only eight of these were glasses actually prescribed and obtained.

It is not satisfactory that 25 of the 160 children with errors of refraction were either denied expert advice or were not provided with the glasses ordered.

The total attendances of secondary school children at the eye clinics was 299, some having to attend at fairly frequent intervals during the year as required by the Oculists.

The foregoing details are summarised in Table IV, Group II.

**Dental Defects.** The following brief report of the dental treatment afforded in secondary schools has been submitted by the Senior County Dental Officer.

“Dental inspection and treatment of scholars attending the Secondary schools has been carried out as in previous years. All the secondary schools have been visited and 2,023 scholars were dentally examined. Of these, 1,386 scholars, or 68 per cent., were found to require treatment, compared with 66 per cent. for the previous year. Treatment was given to 939 scholars who made 1,900 attendances for treatment, the figures for the previous year being 853 scholars and 1,344 attendances. The percentage of scholars actually treated under the Scheme, namely 68 per cent., still remains lower than that for elementary schools, but there is a slight rise of 1 per cent. to record over the figure for the previous year.

“The work done, which can be examined under Group V. shows an increase in every section except in administrations of general anaesthesia. This is due to the individual dental officer's preference and an increased use of regional anaesthesia.

“The sum of £17 5s. 6d. was collected in sixpenny fees during the year.”

The arrangements for dental treatment in secondary schools at present only embrace elementary school children and occasional special cases, but with the expansion of the County staff it is hoped that eventually all children will be included.



**Tonsils and Adenoids.** During the year, 12 operations for the removal of tonsils and adenoids, or tonsils only, were carried out under the County Council's arrangements and one by private arrangement. Such operations are only performed with the concurrence of the family doctor in each instance and the written consent of the parents.

Eight were operated upon as a result of prior examination at the County Ear, Nose and Throat Clinics to which reference is made in the next section, and four as a result of medical inspection only.

**Ear Disease and Hearing.** Clinics are held at five centres in the County for the examination by Aural Specialists of children found on medical inspection to be suffering from defects of the ear, nose and throat, apart from simple cases of tonsils and adenoids.

During the year, six new cases of ear disease and defective hearing were reported by the Assistant County Medical Officers as well as 11 other conditions of the nose and throat. Of these, only eight were found to require treatment and referred to the consultant clinics.

Including old cases, 22 children were so examined during the year, 39 attendances being made. Thirteen were recommended for operation and 11 were operated upon during the year. These cases are summarised in the following table.

CENTRE.	No of children examined.	RECOMMENDED FOR OPERATION					OPERATIONS PERFORMED.					OTHERWISE TREATED.		Attendances at Out-Patient Clinics.
		Ton-sils	Ade-noids	Ton-sils & Ade-noids	Mas-toid	Other	Ton-sils	Ade-noids	Ton-sils & Ade-noids	Mas-toid	Other	Without Operation.	In addition to Operation.	
Malmesbury	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Salisbury	5	.....	.....	1	.....	1	.....	.....	3	.....	.....	.....	.....	6
Savernake	4	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....	1	5
Swindon	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Trowbridge	13	.....	3	2	2	2	2	.....	3	2	1	1	2	28
TOTALS	22	.....	4	3	2	4	2	.....	6	2	1	1	3	39

**Crippling Defects.** One hundred and fifty six cases of deformity for which treatment was advised were reported as a result of medical inspection during the year. The majority of these were of a minor character, chiefly flat feet and postural defects, and it was found necessary to refer only 30 to the Orthopaedic Clinics, the remainder being dealt with in the remedial exercises classes at school under the general direction of the County Instructress.

In addition to the 30 new cases mentioned above, 36 old cases remained under treatment and the following table shows the nature of the defects treated and the clinics attended. In 1935 the clinic cases numbered 42.

DEFECT.	CLINIC.						Total.
	Corsham.	Devizes.	Salisbury.	Malmesbury.	Swindon.	Trowbridge.	
Surgical Tuberculosis .....	—	—	—	1	—	—	1
Congenital Deformities .....	—	1	—	1	—	2	4
Infantile Paralysis .....	—	—	—	—	—	2	2
Rickets .....	3	2	1	—	1	3	10
Spastic Paralysis .....	—	—	—	—	—	—	—
Scoliosis .....	2	—	—	—	1	—	3
Osteomyelitis .....	—	—	—	—	—	—	—
Postural Defects .....	4	6	5	1	—	12	28
Other Defects .....	3	1	4	1	—	9	18
TOTALS .....	12	10	10	4	2	28	66



Clinic attendances totalled 161 and four children were admitted to the Orthopaedic Hospital at Bath.

**Heart Clinics.** Forty cases of disorder of the heart were recorded during the year, 24 being functional in character and 16 organic. Advice with regard to games and so on was necessary in 11 cases. One was referred to the Consulting Heart Physician but found not to be a case of organic disease. The remaining children will be kept under observation and such advice given as may, from time to time, seem desirable.

Five other children who have been under observation at the heart clinics for some time past attended again during 1936 and restrictions as to mode of life have been continued in only two of these cases.

**Feeding of Ill-Nourished Children.** The standard of nutrition amongst the children coming up for examination in the secondary schools has been found fairly satisfactory, only 18 per cent of the scholars examined falling below normal. Of this proportion, two per cent were classed as "bad". The actual number of children found to require treatment on this account was 82 and suitable advice was given to the parents in each instance. As in the case of the Elementary Schools, cod liver oil or milk are provided free for under-nourished children whose parents are in straitened circumstances, and supplies of cod liver oil were arranged for 18 and milk for 22.

The number examined were, of course, those falling under the Boards' Scheme of age groups and represented some 55 per cent of the Secondary School population. There are, however, other children known to be under-nourished who were not due for their routine examination but are kept under observation as "specials".

**Supply of Milk.** Supplies of milk for normal children under the Milk Marketing Board's Scheme, as described on pages 20 and 21 are available at nine of the 10 Secondary Schools, whilst the remaining school has its own arrangements for this purpose. Some 600—700 scholars have milk daily in this way.

**Uncleanliness.** No case of uncleanliness requiring attention was recorded during the year.

**Goitre.** Seven cases of goitre for which treatment was considered necessary were discovered in the course of medical inspection. In each instance the parents were advised to take their child to their own doctor for advice, but, where this recommendation was ignored, treatment was offered under the County Scheme and actually given in one case.

**Co-operation with Teaching Staffs.** The work of the School Medical Department in the Secondary Schools has been greatly facilitated by the close co-operation of the teaching staffs and I have pleasure in recording my appreciation of their ready help.



## SECONDARY SCHOOLS.

TABLE 1.

## A. ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :

Entrants	.....	.....	.....	.....	635
Second Age Group	.....	.....	.....	.....	408
Third Age Group	.....	.....	.....	.....	413
Total	.....	.....	.....	.....	1,456
Number of other Routine Inspections	.....	.....	.....	.....	6
Grand Total	.....	.....	.....	.....	1,462

## B.—OTHER INSPECTIONS.

Number of Special Inspections	.....	.....	.....	.....	85
Number of Re-Inspections	.....	.....	.....	.....	1,280
Total	.....	.....	.....	.....	1,365

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to Require Treatment  
(excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

PRESCRIBED GROUPS :

Entrants	.....	.....	.....	.....	211
Second Age Group	.....	.....	.....	.....	87
Third Age Group	.....	.....	.....	.....	88
Total (Prescribed Groups)	.....	.....	.....	.....	386
Other Routine Inspections	.....	.....	.....	.....	—
Grand Total	.....	.....	.....	.....	386

TABLE II. (A).—Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

DEFECT OR DISEASE.						ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
						No. of Defects.		No. of Defects.	
						Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but <i>not</i> requiring Treatment.
(1)						(2)	(3)	(4)	(5)
Skin	Ringworm :					—	—	—	—
	1	Scalp	.....	.....	.....	—	—	—	—
	2	Body	.....	.....	.....	—	—	—	—
	3	Scabies	.....	.....	.....	1	—	—	—
	4	Impetigo	.....	.....	.....	3	—	—	—
	5	Other Diseases (Non-Tuberculous)	.....	.....	.....	3	6	—	—
TOTAL (Heads 1 to 5)						7	6	—	—
Eye	6	Blepharitis	.....	.....	.....	5	—	—	—
	7	Conjunctivitis	.....	.....	.....	—	—	—	—
	8	Keratitis	.....	.....	.....	—	—	—	—
	9	Corneal Opacities	.....	.....	.....	—	1	—	—
	10	Other Conditions (excluding Defective Vision and Squint)	.....	.....	.....	—	2	—	—
	TOTAL (Heads 6 to 10)					5	3	—	—
Ear	11	Defective Vision (excluding Squint)	.....	.....	.....	98	120	4	2
	12	Squint	.....	.....	.....	2	9	—	—
	13	Defective Hearing	.....	.....	.....	1	1	—	—
Nose and Throat	14	Otitis Media	.....	.....	.....	2	1	—	—
	15	Other Ear Diseases	.....	.....	.....	—	1	—	—
	16	Chronic Tonsillitis only	.....	.....	.....	3	10	—	—
Nose and Throat	17	Adenoids only	.....	.....	.....	—	—	—	—
	18	Chronic Tonsillitis and Adenoids	.....	.....	.....	12	4	—	—
	19	Other Conditions	.....	.....	.....	5	6	—	—
Heart and Circulation	20	Enlarged Cervical Glands (Non-Tuberculous)	.....	.....	.....	1	2	—	—
	21	Defective Speech	.....	.....	.....	—	—	—	—
	22	Heart Disease : Organic	.....	.....	.....	5	10	—	1
Heart and Circulation	23	Functional	.....	.....	.....	5	19	—	—
	24	Anaemia	.....	.....	.....	1	5	3	2
Lungs	25	Bronchitis	.....	.....	.....	4	2	—	—
	26	Other Non-Tuberculous Diseases	.....	.....	.....	—	8	—	—
Tuberculosis	Pulmonary :					—	—	—	—
	27	Definite	.....	.....	.....	—	—	—	—
	28	Suspected	.....	.....	.....	1	—	—	—
	Non-Pulmonary :					3	—	—	—
	29	Glands	.....	.....	.....	—	—	—	—
	30	Bones and Joints	.....	.....	.....	—	—	—	—
Tuberculosis	31	Skin	.....	.....	.....	—	—	—	—
	32	Other Forms	.....	.....	.....	—	—	—	—
TOTAL (Heads 29 to 32)						3	—	—	—
Nervous System	33	Epilepsy	.....	.....	.....	—	—	—	—
	34	Chorea	.....	.....	.....	—	—	—	—
	35	Other Conditions	.....	.....	.....	—	1	—	—
Deformities	36	Rickets	.....	.....	.....	7	2	1	—
	37	Spinal Curvature	.....	.....	.....	33	14	1	1
	38	Other Forms	.....	.....	.....	112	33	2	—
39 Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)						48	18	2	1
Total						355	275	13	7



TABLE II. (Continued).

## B. Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	635	119	18.7	399	62.8	103	16.2	14	2.2
Second Age-group	408	63	15.4	251	61.5	81	19.8	13	3.1
Third Age-group	413	75	18.1	290	70.2	44	10.6	4	0.9
Other Routine Inspections	6	1	16.7	2	33.3	3	50	—	—
TOTAL	1,462	258	17.6	942	64.4	231	15.8	31	2.1

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1936.

**Group II.**—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments).

DEFECT OR DISEASE. (1)	NUMBER OF DEFECTS DEALT WITH.		
	Under the Authority's Scheme. (2)	By Private Practitioner or at Hospital apart from the Authority's Scheme. (3)	Total. (4)
Errors of Refraction (including squint) .....	135	25	160
Other Defect or Disease of the Eyes .....	1	7	8
Total .....	136	32	168

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's scheme .....	114
(b) Otherwise .....	8
Total .....	122

Total number of children for whom spectacles were obtained :—

(a) Under the Authority's Scheme .....	94
(b) Otherwise .....	10
Total .....	104

**Group III.**—TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
2	—	10	3	1	—	—	—	3	—	10	3	5	21

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the ear, nose and throat.

**Group IV.**—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopaedic clinic. (iii)	
No. of children treated .....	4	—	66	—	—	—	66



**Group V.—DENTAL DEFECTS.**

(1) Number of Children who were—

(a) Inspected by the Dentists:

Routine Age Groups	Age									
	{ 10	.....	.....	.....	.....	.....	.....	.....	.....	6
	11	.....	.....	.....	.....	.....	.....	.....	.....	318
	12	.....	.....	.....	.....	.....	.....	.....	.....	378
	13	.....	.....	.....	.....	.....	.....	.....	.....	407
	{ 14	.....	.....	.....	.....	.....	.....	.....	.....	364
	15	.....	.....	.....	.....	.....	.....	.....	.....	388
	16	.....	.....	.....	.....	.....	.....	.....	.....	90
	17	.....	.....	.....	.....	.....	.....	.....	.....	21
	{ 18	.....	.....	.....	.....	.....	.....	.....	.....	6
	19	.....	.....	.....	.....	.....	.....	.....	.....	2
Specials										1980
										43
Total (Routine and Specials)										2023

(b) Found to require treatment ..... 1386

(c) Actually treated ..... 939

(d) Attendances made by children for treatment ..... 1900

(2) Half-days devoted to— { Inspection ..... 24 }  
 { Treatment ..... 265 } Total ..... 289

(3) Fillings— { Permanent teeth ..... 1372 }  
 { Temporary teeth ..... — } Total ..... 1372

(4) Extractions— { Permanent teeth ..... 401 }  
 { Temporary teeth ..... 253 } Total ..... 654

(5) Administrations of general anaesthetics for extractions ..... Nil.

(6) Other operations { Permanent teeth ..... 397 }  
 { Temporary teeth ..... — } Total ..... 397







